



DIVISION OF DEVELOPMENTAL DISABILITIES

要求為護理計畫提供資訊

REQUEST FOR INFORMATION FOR THE PLAN OF CARE

日期

致：

事關：

\_\_\_\_\_

尊敬的：

\_\_\_\_\_經由發展殘障服務處(DDD)的\_\_\_\_\_另選計畫獲得服務。為了繼續保持獲得這一服務資格，每年必須制定一份另選計畫的照顧計畫。

已經為\_\_\_\_\_安排好制定該護理計畫的會議時間。您的參與和意見，對計畫制定非常重要。我們需要您的協助，並請您提供下列資訊，以供我們制定護理計畫時考慮。

- ☐ 同意書14-012已隨信附上。
- ☐ 根據醫療保險機動性與責任法案，不需填寫同意書14-012，因為您是與發展殘障服務處訂有合約之服務提供者。

如您不能提供此資訊，或有疑問，請於收到此信後十(10)天內，與我聯絡。

有關發展殘障服務處另選計畫及服務之資訊，已隨信附上。如果您有疑問或顧慮，請電詢。

謝謝您。

\_\_\_\_\_  
個案管理人員姓名

\_\_\_\_\_  
職務

\_\_\_\_\_  
電話號碼（包括地區號）

\_\_\_\_\_  
電子郵址

## **Instructions For Requesting Information For POC**

### **When do I use this form?**

You use this forms to request written input from others who will not be expected to attend the POC meeting but have information that is needed. For example, a teacher or counselor will have information you need to develop a POC but they may not be able to attend the meeting.

### **When do I need a client consent form to exchange information?**

No additional client consent or authorization is required if the provider is contracted with DSHS, they are our "Provider" and can provide us written information related to the services we purchased.

Schools and Medical professionals will likely require the client/legal representative to authorize release of information that was not produced under contract with DDD/DSHS.

### **What if I get no response?**

You will want to follow up by telephone if you do not get any response. It may also be appropriate to ask the family to follow up with the agency/person. For instance, if the family is requesting more therapy for their child, they have an interest in our having the therapist's information and recommendation.

In some cases, you will not be able to authorize additional services without information from the provider and you will have to address that need and action plan in the POC.